

**CLAIMS ONLY**

Application Number,

Filing Date

Applicant(s)

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1						
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Total indep			6		6	
Total depend			37		37	
Total claims			43		43	

\* May be used for additional claims or amendments

	Indep	Depend	Indep	Depend	Indep	Depend
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Total Indep						
Total Depend						
Total Claims						